

AMENDED IN SENATE APRIL 17, 2006

AMENDED IN SENATE MARCH 20, 2006

SENATE BILL

No. 1285

Introduced by Senator Aanestad
(Coauthor: Assembly Member Nakanishi)

February 14, 2006

An act to amend Section 2530.2 of the Business and Professions Code, relating to speech-language pathology.

LEGISLATIVE COUNSEL'S DIGEST

SB 1285, as amended, Aanestad. Speech-language pathology.

Existing law, the Speech-Language Pathologists and Audiologists Licensure Act, licenses and regulates the practices of speech-language pathology and audiology by the Speech-Language Pathology and Audiology Board in the Department of Consumer Affairs. Existing law defines the practice of speech-language pathology for purposes of the act.

This bill would include in that definition the performance of suctioning in connection with a speech-language pathologist's scope of practice, after compliance with a medical facility's training protocols.

~~Existing law authorizes a speech-language pathologist to pass a flexible fiberoptic nasendoscopic instrument only under authorization of an otolaryngologist and the supervision of a physician and surgeon.~~

~~This bill would instead authorize a speech-language pathologist to pass that instrument upon the request of a physician and surgeon and under the general supervision of a physician and surgeon or a medical director of a medical facility.~~

Existing law authorizes a speech-language pathologist to perform flexible endoscopic procedures, as specified, only in an acute care setting that has protocols for emergency medical backup procedures, as specified.

This bill would instead authorize a speech-language pathologist to perform those procedures in any facility that has these protocols.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2530.2 of the Business and Professions
2 Code is amended to read:
3 2530.2. As used in this chapter, unless the context otherwise
4 requires:
5 (a) “Board” means the Speech-Language Pathology and
6 Audiology Board or any successor.
7 (b) “Person” means any individual, partnership, corporation,
8 limited liability company, or other organization or combination
9 thereof, except that only individuals can be licensed under this
10 chapter.
11 (c) A “speech-language pathologist” is a person who practices
12 speech-language pathology.
13 (d) The practice of speech-language pathology means all of
14 the following:
15 (1) The application of principles, methods, instrumental
16 procedures, and noninstrumental procedures for measurement,
17 testing, screening, evaluation, identification, prediction, and
18 counseling related to the development and disorders of speech,
19 voice, language, or swallowing.
20 (2) The application of principles and methods for preventing,
21 planning, directing, conducting, and supervising programs for
22 habilitating, rehabilitating, ameliorating, managing, or modifying
23 disorders of speech, voice, language, or swallowing in
24 individuals or groups of individuals.
25 (3) Conducting hearing screenings.
26 (4) Performing suctioning in connection with the scope of
27 practice described in paragraphs (1) and (2), after compliance
28 with a medical facility’s training protocols on suctioning
29 procedures.

1 (e) (1) Instrumental procedures referred to in subdivision (d)
2 are the use of rigid and flexible endoscopes to observe the
3 pharyngeal and laryngeal areas of the throat in order to observe,
4 collect data, and measure the parameters of communication and
5 swallowing as well as to guide communication and swallowing
6 assessment and therapy.

7 (2) Nothing in this subdivision shall be construed as a
8 diagnosis. Any observation of an abnormality shall be referred to
9 a physician and surgeon.

10 (f) A licensed speech-language pathologist shall not perform a
11 flexible fiberoptic nasendoscopic procedure unless he or she has
12 received written verification from an otolaryngologist certified
13 by the American Board of Otolaryngology that the
14 speech-language pathologist has performed a minimum of 25
15 flexible fiberoptic nasendoscopic procedures and is competent to
16 perform these procedures. The speech-language pathologist shall
17 have this written verification on file and readily available for
18 inspection upon request by the board. A speech-language
19 pathologist shall pass a flexible fiberoptic nasendoscopic
20 ~~instrument upon the request of a physician and surgeon and~~
21 ~~under the general supervision of either a physician and surgeon~~
22 ~~or a medical director of a medical facility.~~ *instrument only under*
23 *the direct authorization of an otolaryngologist certified by the*
24 *American Board of Otolaryngology and the supervision of a*
25 *physician and surgeon.*

26 (g) A licensed speech-language pathologist shall only perform
27 flexible endoscopic procedures described in subdivision (e) in a
28 setting that requires the facility to have protocols for emergency
29 medical backup procedures, including a physician and surgeon or
30 other appropriate medical professionals being readily available.

31 (h) “Speech-language pathology aide” means any person
32 meeting the minimum requirements established by the board,
33 who works directly under the supervision of a speech-language
34 pathologist.

35 (i) (1) “Speech-language pathology assistant” means a person
36 who meets the academic and supervised training requirements set
37 forth by the board and who is approved by the board to assist in
38 the provision of speech-language pathology under the direction
39 and supervision of a speech-language pathologist who shall be

1 responsible for the extent, kind, and quality of the services
2 provided by the speech-language pathology assistant.

3 (2) The supervising speech-language pathologist employed or
4 contracted for by a public school may hold a valid and current
5 license issued by the board, a valid, current, and professional
6 clear clinical or rehabilitative services credential in language,
7 speech, and hearing issued by the Commission on Teacher
8 Credentialing, or other credential authorizing service in language,
9 speech, and hearing issued by the Commission on Teacher
10 Credentialing that is not issued on the basis of an emergency
11 permit or waiver of requirements. For purposes of this paragraph,
12 a “clear” credential is a credential that is not issued pursuant to a
13 waiver or emergency permit and is as otherwise defined by the
14 Commission on Teacher Credentialing. Nothing in this section
15 referring to credentialed supervising speech-language
16 pathologists expands existing exemptions from licensing
17 pursuant to Section 2530.5.

18 (j) An “audiologist” is one who practices audiology.

19 (k) “The practice of audiology” means the application of
20 principles, methods, and procedures of measurement, testing,
21 appraisal, prediction, consultation, counseling, instruction related
22 to auditory, vestibular, and related functions and the modification
23 of communicative disorders involving speech, language, auditory
24 behavior or other aberrant behavior resulting from auditory
25 dysfunction; and the planning, directing, conducting, supervising,
26 or participating in programs of identification of auditory
27 disorders, hearing conservation, cerumen removal, aural
28 habilitation, and rehabilitation, including, hearing aid
29 recommendation and evaluation procedures including, but not
30 limited to, specifying amplification requirements and evaluation
31 of the results thereof, auditory training, and speech reading.

32 (l) “Audiology aide” means any person, meeting the minimum
33 requirements established by the board, who works directly under
34 the supervision of an audiologist.

35 (m) “Medical board” means the Medical Board of California
36 or a division of the board.

37 (n) A “hearing screening” performed by a speech-language
38 pathologist means a binary puretone screening at a preset
39 intensity level for the purpose of determining if the screened

1 individuals are in need of further medical or audiological
2 evaluation.

3 (o) “Cerumen removal” means the nonroutine removal of
4 cerumen within the cartilaginous ear canal necessary for access
5 in performance of audiological procedures that shall occur under
6 physician and surgeon supervision. Cerumen removal, as
7 provided by this section, shall only be performed by a licensed
8 audiologist. Physician and surgeon supervision shall not be
9 construed to require the physical presence of the physician, but
10 shall include all of the following:

11 (1) Collaboration on the development of written standardized
12 protocols. The protocols shall include a requirement that the
13 supervised audiologist immediately refer to an appropriate
14 physician any trauma, including skin tears, bleeding, or other
15 pathology of the ear discovered in the process of cerumen
16 removal as defined in this subdivision.

17 (2) Approval by the supervising physician of the written
18 standardized protocol.

19 (3) The supervising physician shall be within the general
20 vicinity, as provided by the physician-audiologist protocol, of the
21 supervised audiologist and available by telephone contact at the
22 time of cerumen removal.

23 (4) A licensed physician and surgeon may not simultaneously
24 supervise more than two audiologists for purposes of cerumen
25 removal.